



Maternal and Child Health Action Team Meeting

Friday February 26, 2016

Agenda

Agenda Topic

Time Allotted

1. Welcome / Logistics

- Roll Call
- Minutes (2/19)

9:30 – 9:40 AM

2. Action Planning Process

- Objectives
- Activities

9:40 – 10:50AM

6. Next Steps

10:50 – 10:55 AM

7. Public Comment

10:55 – 11:00 AM

8. Adjourn

11:00 AM

Meeting Purpose

1. Discuss goal #4: *Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure.*
2. Come to consensus on objectives and activities for goal #4

Where We Were – MCH Action Team

- Goal #4 for SHIP Action Team:
 - Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcome
- Key Points:
 - *Should incorporate an assessment aspect*

Where We Were – MCH Action Team

- Last week:
 - Developed sub-goals for Goal #3 (Equity in Decision Making) last week
 - Feedback survey on goal #3 open until end of the day today

Policy, Systems and Environmental Strategies

- Policy
 - Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules
 - Examples: schools establishing a policy that prohibits junk food in school fundraising drives.
- Systems
 - System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand.
 - Examples: Creating a community plan to account for health impacts of new projects
- Environmental
 - Environmental change is a change made to the physical environment.
 - Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks

Proposed Criteria

Role of the Public Health System

SDOH

- How does a proposed strategy address social / ecological factors?

Access

- How does a proposed strategy address access to care?

MCH

- How does a proposed strategy promote maternal and child health?

Urgency

- Is there a crisis?
- Are there efforts to build on?

Impact

- How many individuals does this reach?
- How is disparity addressed?

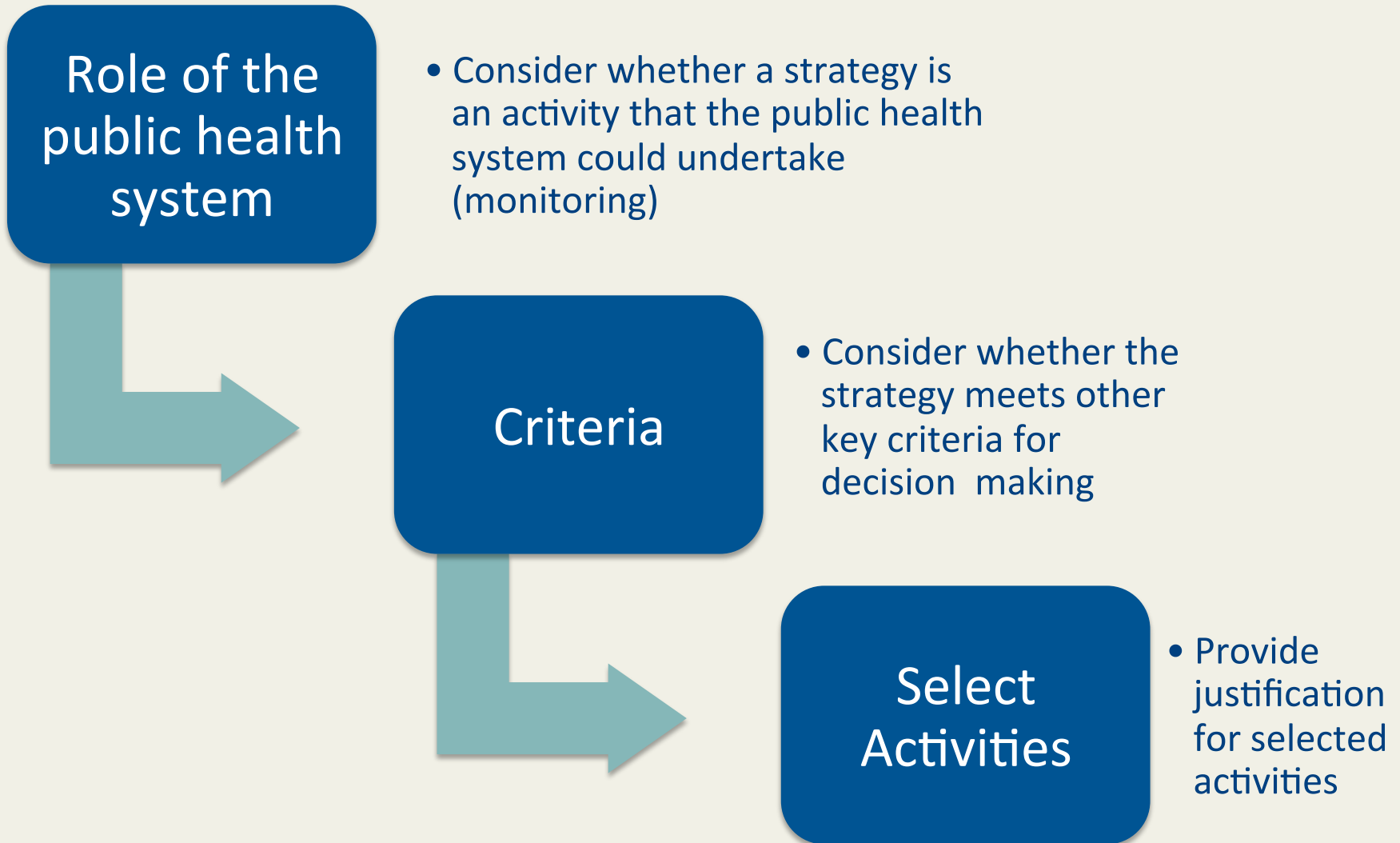
Evidence-Based

- Has this strategy been used before with measured success?

Resources

- What resources could be leveraged?
- Are new resources required?

Using this information to select strategies



Where we're going

Meeting date	Proposed discussion focus
Friday 3/4	2 hour in-person (9:30 – 11:30) meeting to finalize action plans <ul style="list-style-type: none">- 1 hour working session divided into groups- 1 hour report back session- Templates will be final at the end of the meeting- <i>Poll</i>
Monday 3/14	Planning Council and Action Teams In-Person Meetings: Presentation and discussion
Late March	Public Hearings
Late April	Final Submission

GOAL #4 - OBJECTIVES

Goal Revisited

- **Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure**
 - Is “Improve MCH data systems and infrastructure” a strategy?
 - OR:
 - Sub-Goal A: Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination
 - Sub-Goal B: Improve MCH data systems and infrastructure, including data linkage

Objectives:

What's missing? What can be combined?

Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure.

By 2021, Illinois will have routine data linkage of state datasets that are inclusive of the reproductive to **early** childhood continuum.

Prioritize data data linkages to be implemented.

By 2021, Illinois will provide a web-based portal for timely posting and user-friendly production of tables/charts/graphs of state, county and Chicago community area data across the reproductive-early childhood continuum (beyond I-Plan)

Create a more streamlined process for allowing stakeholders/academics to use MCH public data sets (i.e., PRAMS, etc.)

Build analytic staff to carry out data analysis and dissemination

Provide MCH data information (infant mortality, etc.) to the National Center for Health Statistics and post on IDPH website within 2 years of index year completion.

Identify needed reorganization of staff to better utilize data systems

Facilitate data sharing across maternal and child-serving agencies in order to best understand the characteristics and outcomes of those being served

Identify data system enhancements, such as adding questions to PRAMS, BRFSS, etc. for MCH

How can we make these SMART?

<p>Proposed Objectives – Should be SMART! Activities should consider policy, system, environmental, existing or new resources, SDOH.</p>
<p>Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure.</p>
<p>By 2021, Illinois will have routine data linkage of state datasets that are inclusive of the reproductive to early childhood continuum.</p> <ul style="list-style-type: none"> - Strategy/Activities: Improve MCH data systems and infrastructure; build a warehouse of linked vital records, outpatient, inpatient, and program service data
<p>Prioritize data data linkages to be implemented.</p> <ul style="list-style-type: none"> - Strategy/Activities: Develop at least one routine data linkage, eg vital records and hospital discharge data.
<p>By 2021, Illinois will provide a web-based portal for timely posting and user-friendly production of tables/charts/graphs of state, county and Chicago community area data across the reproductive-early childhood continuum (beyond I-Plan)</p> <ul style="list-style-type: none"> - Strategy/Activities: Improve capacity for data production and analysis
<p>Create a more streamlined process for allowing stakeholders/academics to use MCH public data sets (i.e., PRAMS, etc.)</p> <ul style="list-style-type: none"> - Strategy/Activities: Review all forms/processes for IDPH data set dissemination
<p>Build analytic staff to carry out data analysis and dissemination</p> <ul style="list-style-type: none"> - Strategy/Activities: Increase analytic staff by creating new positions and/or accessing interns, fellows, and students.
<p>Provide MCH data information (infant mortality, etc.) to the National Center for Health Statistics and post on IDPH website within 2 years of index year completion.</p> <ul style="list-style-type: none"> - Strategy/Activities: Develop a plan to hire more staff in the Vital Statistics department
<p>Identify needed reorganization of staff to better utilize data systems.</p> <ul style="list-style-type: none"> - Strategy/Activities: Assign MCH data staff to be the point person for MCH data analysis in, for example, vital records, including building algorithms for reporting.
<p>Facilitate data sharing across maternal and child-serving agencies in order to best understand the characteristics and outcomes of those being served.</p> <ul style="list-style-type: none"> - Strategy/Activities: Create data-sharing agreements; Determine and define a common set of data (including set ¹³ disaggregation), which should be collected and reported uniformly across agencies in order to facilitate communication.

Proposed Objectives – Should be SMART! Activities should consider policy, system, environmental, existing or new resources, SDOH.

Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure.

Justifications

- Facilitate data sharing across maternal and child-serving agencies in order to best understand the characteristics and outcomes of those being served.
 - The Longitudinal Data System (LDS), a collaboration among several state agencies and the Illinois State Board of Education (ISBE) has come together to do this very thing in early childhood with the goal that LDS will be able to communicate with a Centralized Demographic Dataset Administrator (CDDA), an entity that would receive data requests and, per preexisting data-sharing agreements between the necessary agencies, collect and provide data to the requester.

Justifications

- Create a more streamlined process for allowing stakeholders/academics to use MCH public data sets (i.e., PRAMS, etc.)
 - The capacity to analyze data at the Department could be greatly enhanced by the support of external agencies. Additionally, non-profits and others could use the data to receive funding at state and national levels.

Justifications

- Provide MCH data information (infant mortality, etc.) to the National Center for Health Statistics and post on IDPH website within 2 years of index year completion.
 - Illinois is frequently late in reporting to NCHS, and data on IDPH's website is sometimes several years old.

GOAL #4 - ACTIVITIES

Activities Policy, system, environmental? Existing or new resources? SDOH? Other criteria?	Champion / Coordinator	Launch Activities / Target Date
1. Improve MCH data systems and infrastructure.		<ul style="list-style-type: none"> - Produce county-level Behavioral Risk Factor Surveillance System reports annually - Conduct an annual survey of readiness for entry into first grade - Collect and report county-level pregnancy, child, and adolescent health behavior surveys in counties with large populations - Collect data on race and ethnic origin uniformly across government-administered systems. - Collect data on place of residence and family income and size uniformly across government-administered systems. - Conduct the Youth Risk Behavior Survey annually and produce district-level reports for districts with enrollment above (a specified threshold)
2. Build a warehouse of linked vital records, outpatient, inpatient, and program service data		<ul style="list-style-type: none"> - Enact legislation to support a health data warehouse, protect patient privacy and confidentiality, and support access by public health agencies and academicians - Commit sufficient resources for maintaining a health data warehouse - Commit sufficient resources for epidemiologic analysis of health data

Activities Policy, system, environmental? Existing or new resources? SDOH? Other criteria?	Champion / Coordinator	Launch Activities / Target Date
3. Improve capacity for data production and analysis		<ul style="list-style-type: none"> - Consolidate capacity for MCH epidemiology in IDPH - Produce a complete set of vital records data files before the end of the following calendar year - Expand the scope of child death review (to include all child deaths) and consolidate mortality review within IDPH - Commit sufficient resources for the analysis of school health examination data - Increase analytic staff by creating new positions and/or accessing interns, fellows, and students.
4. Increase analytic staff by creating new positions and/or accessing interns, fellows, and students.		
5. Develop at least one routine data linkage, eg vital records and hospital discharge data.		
6. Assign MCH data staff to be the point person for MCH data analysis in, for example, vital records, including building algorithms for reporting.		

Activities Policy, system, environmental? Existing or new resources? SDOH? Other criteria?	Champion / Coordinator	Launch Activities / Target Date
7. Advocate for and obtain the resources to enhance sample surveys as needed.		
8. Review all forms/processes for IDPH data set dissemination		
9. Develop a plan to hire more staff in the Vital Statistics department		

WRAPPING UP

Next Steps

- Complete Survey for Goal #4 by Wednesday March 2 at noon
- Next Meeting:
 - Friday, March 4
 - 9:30 – 11:30 AM
 - Please be in person if you can
 - 69 W. Washington Street, 35th floor, Chicago or 535 W. Jefferson Street, 5th floor, Springfield

Public Comment

- State your name and organization
- 1-2 minutes for comment

Adjourn

- Slides available at www.healthycommunities.illinois.gov
- Questions can be sent to HealthyCommunitiesIL@uic.edu

